

Form 503  
(Revised 08/19)

Return in duplicate to:  
Secretary of State  
P.O. Box 13697  
Austin, TX 78711-3697  
512 463-5555  
FAX: 512 463-5709  
Filing Fee: \$25



## Assumed Name Certificate

This space reserved for office use.

FILED  
In the Office of the  
Secretary of State of Texas

JUN 23 2025

Corporations Section

### Assumed Name

1. The assumed name under which the business or professional service is, or is to be, conducted or rendered is: IOU Financial

### Entity Information

2. The legal name of the entity filing the assumed name is:

IOU CENTRAL INC.

*State the name of the entity as currently shown in the records of the secretary of state or on its organizational documents, if not filed with the secretary of state.*

3. The entity filing the assumed name is a: (Select the appropriate entity type below.)

☐ For-profit Corporation

☐ Limited Liability Company

☐ Nonprofit Corporation

☐ Limited Partnership

☒ Professional Corporation

☐ Limited Liability Partnership

☐ Professional Association

☐ Cooperative Association

☐ Other

*Specify type of entity. For example, foreign real estate investment trust, state bank, insurance company, etc.*

4. The file number, if any, issued to the entity by the secretary of state is: 0800706243

5. The state, country, or other jurisdiction of formation of the entity is: Delaware

6. The entity's principal office address is:

600 TownPark Ln Ste 100

*Street or Mailing Address*

Kennesaw, GA 30144

*City*

*State*

*Country*

*Postal or Zip Code*

### Period of Duration

☒ 7a. The period during which the assumed name will be used is 10 years from the date of filing with the secretary of state.

OR

☐ 7b. The period during which the assumed name will be used is \_\_\_\_\_ years from the date of filing with the secretary of state (not to exceed 10 years).

OR

☐ 7c. The assumed name will be used until \_\_\_\_\_

*mm/dd/yyyy*

(not to exceed 10 years)

### County or Counties in which Assumed Name Used

8. The county or counties where business or professional services are being or are to be conducted or rendered under the assumed name are:

☒ All counties

☐ All counties with the exception of the following counties: \_\_\_\_\_

☐ Only the following counties: \_\_\_\_\_

### Execution

The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument and also certifies that the person is authorized to sign on behalf of the identified entity. If the undersigned is acting in the capacity of an attorney in fact for the entity, the undersigned certifies that the entity has duly authorized the undersigned in writing to execute this document.

Date: 06/12/2025

Madelaine Wade

Wendell A. Zech

Signature of a person authorized by law to sign on behalf of the identified entity (see instructions)